

THE

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**Original Communications.**

## ANASARCA IN CHILDREN.

BY F. K. BAILEY, M.D., KNOXVILLE, TENN.

CASE I. During the spring of 1874 I was called to visit a child, of negro parentage, aged about five. Had measles in winter and when convalescent began to bloat over the whole body. I prescribed a mild alterative to regulate the bowels, to be followed with chlorate of potash and tincture muriate of iron. In a month, or less, the dropsy had disappeared, and the child now (July 15th) is well.

CASE II. Was called July 9th, 1874, to see a child, male, five and one-half years old. The mother is black but the boy has light curly hair, blue eyes, and a dirty yellowish skin.

Was told that the child had not been well for two months or more, but began to swell about the middle of June last. The lower limbs are much swollen; the abdomen full, and the face puffed. Bowels not consti-

pated. Urine red but not very scanty. Prescribed chlorate of potash with tincture muriate of iron.

12th. The dropsy is much lessened in the face and abdomen, but still remains in the legs and feet. Scrotum full of water, and the prepuce œdematous. Urine more free. Bowels move freely. Stools watery.

To suspend the chlorate potash and iron. To take iodide potassii in 2 gr. doses three times daily.

15th. Still improving, except that the scrotum is becoming fuller. An eczematous redness upon the scrotum and the thighs, upon which the disturbed parts press. Prescribed a lotion of carbolic acid and hyposulphite soda, to apply, and to powder with fine starch.

I attempted to evacuate the serum from the scrotum, but found the effusion confined to the cellular tissue.

Examined the urine and found an acid reaction, with no cloudiness on applying nitric acid or heat.

Bowels move often; discharges thin, but not unnatural in color. Gave 3 gr. calomel and to continue iodide potassii.

16th. Much the same. The water has escaped from the scrotum and the œdema is less in the legs and feet. Bowels moved freely from the calomel. Passes a good deal of urine. Very thirsty with but little appetite.

18th, 7 P. M. Appears much better. The scrotum less distended, but there is much soreness and redness on its surface as well as on the thighs where the parts touch each other.

To take  $\frac{1}{2}$  gr. sulph. cinchonæ every six hours, and continue the iodide potassii.

19th. Urine free, still acid, with no appearance of albumen.

Continue treatment.

21st. General appearances more favorable. Effusion confined to the legs and scrotum. The latter is less distended and not so red.

Have used a lotion of acetate of lead and morphine for two days, which appears to alleviate pain and soreness in the parts. Is taking sulph. cinchonæ, bismuth and salacin, every six hours, and to continue iodide potassii mixture.

26th. Has improved of late. The effusion in the scrotum very much lessened, and he has walked about the house. To-day complains of pain in the stomach. Gave small doses of calomel with bismuth.

28th. Much better. To continue the powders. The mixture to be suspended.

Aug. 3d. Since last report the effusion has all subsided except in the

feet. The scrotum completely empty, and the abdomen flat. The bowels are still very loose and food is rejected soon after it is swallowed.

Pulse very feeble and slow. Respiration normal. Inclined to sleep more than in former days of its illness.

Directed a resumption of the tincture muriate iron and chlorate potash.

10th. The child becoming more feeble. No effusion even in the feet. Vomiting continues, and the bowels loose.

13th. Failing in strength from day to day.

20th. The child has not vomited for three days and has some desire for food. Very much emaciated, but the pulse is slow and the eyes have not lost their lustre.

Some diarrhœa, but not any more profuse than in days past. Gave him small powders of salacin and Dover's powder.

To have what food he will take, to consist of soups and other nutrient articles.

22d. The child appears better, having a good appetite, and the stools of a natural color and consistence.

To continue powders with good food.

28th. This morning no material change can be discovered.

During the past week there has been some irritability of the bowels and more frequent stools, with vomiting during a part of one day. Taken but little medicine, as tonics appear to render the appetite more craving. To have food in moderate quantities. As sleep has been more undisturbed of late, not even a Dover's powder has been required.

Sept. 2d. Found the little fellow more bright this morning and gaining

slightly in ability to raise his head. Appetite good and no vomiting. Alvine evacuations frequent but natural in appearance.

Sleeps very well and seems laboring under extreme debility. It now appears to be a mere question of endurance in considering the matter of prognosis.

Sept. 19th. This child continued to linger till about the 12th, when it slowly sank. It is rather unusual to see a case of anasarca continue long enough to admit of the absorption of the effused fluid. In other words, general dropsy proves fatal during its progress, and before any change occurs which will render absorption possible.

I think this case shows, to a remarkable degree, the tenacity of life which is sometimes observed.

There appeared to be no organic disease and death was the result of pure debility.

The above are typical cases of what we often encounter among the colored children. I took no notes in other cases met with during the last

six months, but dropsy has been more common than usual during the year. As a result of measles quite a number of cases occurred during the winter and spring. Alterative doses of calomel, followed with tincture muriate of iron and chlorate of potash, was my most frequent tonic.

Case II, above related, was the only one that proved fatal. It is more than probable that the extensive admixture of Anglo-Saxon blood, rendered the child less able to endure the disease. I still adhere to the position that the bleaching process tends to lessen vitality, and, consequently, a mulatto is less able to stand any disease which by its severity makes an inroad upon the constitution.

Besides, quite a proportion of the colored children born since 1865 are of uncertain paternity. The transition of the negro from slavery to freedom has not resulted in any great improvement in moral conduct, and liberty, in too many cases, has lapsed into license, or freedom abused.

Sept., 1874.

#### SCIATICA, OF SEVERAL YEARS' STANDING, CURED IN THREE WEEKS, BY REPLACING A PROLAPSED UTERUS.

BY DR. S. J. AVERY.

**A**BOUT the middle of August, 1871, I was called to see Miss T. I found the patient a young woman 21 years of age, of slight figure, a little below medium height, light complexion, and nervous temperament, suffering with pain of the right thigh and leg. The following history of

the case I learned from the patient: Some three years before, while employed as teacher in an academy, in the state of New York, she was attacked with severe pains referred to the back and hips, extending down to the thighs. During the following twelve weeks she was confined to her

room, and a large part of the time to her bed, being unable to move without assistance. She then began to improve in strength, and was soon after able to take short walks, but was not free from pain or lameness from the first attack to the present time. During this period she had suffered several attacks similar to the first, lasting two or three weeks, confining her as at the first to her room and bed. She had also suffered from the first from dysmenorrhœa.

Upon learning the foregoing history, I informed the mother of the patient, a woman of more than ordinary intelligence, that I suspected uterine difficulty, and probably displacement, as the cause of her daughter's illness. She replied that their "old family physician," in whose judgment and skill they had learned, after an acquaintance of twenty-five years, to place implicit confidence, as also several other medical gentlemen in whose care she had been placed, had never suggested any difficulty of that nature; that it was the desire of herself and daughter that electricity be tried, as that had been highly recommended. Acceding to their wishes, I applied the interrupted current, using one of Kidder's batteries, over the course of the sciatic nerve, twice a week for nearly three weeks, the patient taking bark and iron as a tonic.

Under this treatment she seemed to improve, and expressed a hope that she was really recovering her health.

About this time I was called in haste, the messenger saying that Miss T. was in spasms.

On my arrival I found her suffering from excessive dysmenorrhœa, which was soon relieved by the use of small

doses of chloral hydrate, combined with bromide of potassi. One week after, upon digital examination, I found the vulva, beside being somewhat swollen, very tender and sensitive to the touch, the os resting upon the unruptured hymen, which was apparently the only obstacle to complete procidentia.

I succeeded, with some difficulty on account of the swollen and tender condition of the parts, in placing the uterus in its normal position, and left the patient with directions to rest in the horizontal position as much as possible, promising to return in three days.

On the third day following I found the patient much improved. She stated that she had been free from pain since my last visit. The day before being Sunday, she had walked to and from church twice, a distance of nearly half a mile, without any inconvenience, and felt better than she had before since the first attack. I again replaced the uterus, which had fallen about one-third the length of the vagina, and left, promising to call again in one week.

I visited her twice after this, when I found the displacement so slight that further treatment was unnecessary. She took no medicine while receiving local treatment.

She now returned to her home in the east.

Fourteen months after I received a letter from her stating that she continued to improve, had gained 16 lbs. in weight, and that she considered her health established. The points of interest in this case are: First, the importance of a correct diagnosis of the causes of back ache and sciatica in

the female. Second, the *probability* of immediate relief in all cases of coincident retroversion, by adjusting the womb. Third, the possibility of the cure being permanent, even with-

out an instrument, care being taken to convert the *retroversion* into its antipodes—an *anteversion*—in order to secure the antagonism of the normal intestinal pressure.

## Clinical Reports.

### MERCY HOSPITAL DISPENSARY.—SPECIAL CLINIC FOR DISEASES OF THE THROAT AND CHEST.

IN CHARGE OF F. H. DAVIS, M. D.

**N**ASAL CATARRH.—Numerous cases of this very common and troublesome affection present themselves at this season of the year. They are of all grades of severity, from the recent acute inflammation, characterized by a free copious mucous or slightly purulent discharge to the old chronic *ozena*, accompanied by the fetid purulent discharge, and chronic thickening of the nasal mucous membrane. The partial or complete occlusion of one or both nostrils by the accumulation of hardened secretion, and the swelling of the parts is of frequent occurrence, also partial deafness from closure of eustachian tubes. In most chronic cases the inflammation spreading down over the fauces involves more or less the larynx and larger bronchial tubes, producing hoarseness and slight cough with expectoration.

As met with in dispensary practice many of these cases present an evident syphilitic element. A broadened,

thickened condition of the bridge of the nose from periosteal inflammation is a common evidence of this taint, also the destructive ulcerated patches in the nares, or more frequently on the fauces bear evidence to the same effect.

The treatment that we have been in the habit of pursuing in these cases of nasal catarrh is very simple, but apparently quite as efficient and successful as any that has been devised. The nasal passages are directed to be cleansed once or twice each day, either by the nasal douche or syringe; a solution of salt and water being used for the purpose.

The following solution is directed:

R Iodine Cryst., grs. xii.  
Chloroform, ..... ʒ i.

Mix.

To be inhaled two or three full breaths at a time, through either nostril, several times through the day. Slight or recent acute cases yield readily to this treatment alone. In



the more chronic cases, and where there is a fetid character to the discharge, ten or twelve grains of carbolic acid cryst. may be added to the above with advantage. General treatment by tonics and mercurial alteratives will also have to be resorted to in the more persistent chronic cases before much impression can be made upon them. The following is the mixture which I usually use in these cases :

℞ Tinct. Cinchona. . . . . ℥ ii.  
 Syr. Rhie. . . . . ℥ i.  
 Syr. Glycyrrhiza. . . . . ℥ i.  
 Mix. Hydrarg. Bi-Chlor. gr. i.  
 A teaspoonful four times a day to an adult.

Or, in many instances, especially where any laryngeal or bronchial complication is apparent, the following mixture will act more efficiently :

℞ Ammonia Hydrochlor., ℥ ii.  
 Morphæ. Sulph., . . . grs. iii.  
 Ant. et Potassa Tart. . . grs. ii.  
 Mix. Syr. Glycyrrhiza . . . . . ℥ iv.  
 A teaspoonful four times a day.

Hydrarg. bi-chlor. one grain can be added, if desired, and would be more especially indicated if there was any syphilitic complication apparent or suspected.

The partial deafness resulting from closure of the eustachian tubes will frequently yield to the use of the inhalation already mentioned. In more severe and chronic cases however, the eustachian tubes may become, more or less, firmly agglutinated together throughout their entire extent. The introduction of the eustachian catheter and the dilation of the tubes by forcing a current of air through them is then necessitated. After dilation in this manner a current of iodized air must be occasionally forced through them by the

catheter in order to prevent their becoming again closed.

A very great obstacle and discouragement that is met with in attempting to control these catarrhal affections arises from the fact of their so frequent and persistent recurrence after apparent cure. The membrane lining the nasal passages, remains extremely irritable, and sensitive to atmospheric influences for a long time, especially after being subject to repeated and frequent attacks of catarrh. In a climate like ours, subject at all seasons to the most sudden and extreme variations of temperature and moisture or dryness of the atmosphere, it is almost impossible for those once becoming subject to this affection, to so guard themselves as to prevent the more or less frequent recurrence of fresh attacks. By resorting promptly to treatment each time, however, these attacks can be cut short, and the supervention of any unpleasant sequelæ be prevented.

FUNCTIONAL DISTURBANCE OF THE HEART'S ACTION THE RESULT OF NERVOUS SHOCK.—Mr. R—, aged thirty-five years, a painter by trade, about six months previous to coming under my notice, had fallen from a scaffolding, some fifteen or twenty feet, striking upon his back. No bones were fractured, and no definitely seated injury could be traced beyond the general nervous shock.

He was confined to the bed for some six weeks after the injury on account of severe lameness and stiffness through the spine, especially in the dorsal region. This gradually disappeared however, so that he was able to sit up and get about again. There remained still great general

debility, and constantly increasing emaciation, together with a rapid excited action of the heart. The slightest exertion would bring on severe dyspnoea and a nervous, hacking cough.

This condition had persisted up to the time of his presenting himself at my clinic. No curvature or point of tenderness could be detected along the spine. No organic lesion of the heart was apparent on auscultation, neither any evidence of tubercular or other disease of the lungs that would account for the extreme emaciation and hectic symptoms. The functional disturbance of the heart was such as frequently results from a partial failure in the action of the ganglionic nervous system, or some like disturbance of the function of the pneumogastric.

It appeared that in this case, the jar or shock of the fall had so injured the spine as to interrupt or destroy, in great part, the general nerve nutrition. The proper nerve stimulus being thus wanting, muscular atrophy and emaciation naturally followed.

The patient was advised to remain at rest in the recumbent position the greater portion of the time, and to have dry friction applied along the spine two or three times a day. Was to take a light, nutritious diet, as much as the stomach would bear, and as a nutrient tonic, and especially to encourage nerve nutrition, a mixture of Liebig's extract of malt and comp. syrup of the hypophosphite, two parts of the former to one of the latter, was ordered to be taken in tablespoonful doses three times a day.

I was able to keep track of the patient for only about three weeks,

but during that time he seemed to be gradually improving.

CONGENITAL MALPOSITION OF THE HEART AND ABSENCE OF THE STERNUM. —A boy nine years of age was brought in by his father for examination and advice on account of general debility and a chronic cough. The child was small for his age, and pale, and emaciated in general appearance. The father stated that he had been sickly from birth, and frequently subject to severe cough and dyspnoea.

Inspection of the chest revealed an entire absence of the sternum. The costal cartilages from either side coming together, formed a cartilaginous septum down as far as the fourth rib. There they divided to form a simple, narrow connecting band between the ribs on either side, and leaving the central space unprotected except by the soft tissues. The chest walls were thin and sunken between the ribs. The apex beat of the heart appeared very distinctly in the centre of the open space opposite the sixth costal cartilage. From that point the heart extended upwards and to the right, bringing the entire organ on the right side of the chest. The space which should have been occupied by the heart on the left side was filled out by the left lung and gave clear resonance on percussion. Further examination revealed, however, extensive condensation and ulceration from tubercular deposits in the upper portion of both lungs. An anodyne and expectorant cough mixture was directed for him, with cod liver oil as a tonic. The chief interest of the case centered in the somewhat rare congenital malposition of the heart.

## Translations.

### GLEANINGS FROM THE GERMAN.

*Collated by Dr. E. J. Dering.*

#### THE INFLUENCE OF DEW ON THE ORIGIN OF MALARIAL FEVERS.

**D**R. AYR, of Rome, Italy, sums up his experience regarding the influence which dew exerts in the pathogenesis of malarial fever, and the protective influence of woolen, cotton and linen clothing, as follows:

1st. The theory of an inorganic volatile miasm, which is condensed in the dew and then breathed in with the air, is without scientific proof.

2d. On the other hand it must be accepted that the miasm is organic, and consists of mycophytes floating in the air.

3d. The dew imbibes the miasm, and thus purifies the atmosphere of noxious poisons. But it is only after dew and fog have separated, fallen and evaporated, that the malarial poison condenses on the soil. This occurs most generally at sunrise and while the wind is blowing, at which time the air inspired becomes dangerous and poisonous.

4th. Dew is only an occasional cause of the origin of malarial fevers, through the rapid hygrothermic change and its influence upon the organism.

5th. To avoid therefore these injurious hygrothermic influences, it is recommended in malarial districts to wear next to the skin linen, and not cotton or woolen

shirts, as the former are less hygrothermic, allowing the air to permeate, but without aqueous vapor, and without malarial sporules.

#### THERAPEUTIC USES OF NITRITE OF AMYL.

In a recent number of the "Deutsches Arch. f. Klin. Med.," is an interesting article by Dr. Fückel, on the above subject. He has obtained good results with the nitrite in hemicrania, likewise in cardialgia. In the latter affection the results were especially beneficial. Dr. F. used it in 13 different cases with immediate success. A few seconds after the inhalation the pain disappeared at once, even in the most aggravated cases. In a few patients the pain returned after half an hour or later, but subsided again after a renewed inhalation. The same drug proved further successful in the treatment of neuralgia accompanying menstruation. Dr. F. tried it in 6 cases, in all of which the remedy either caused an immediate cessation of the pain, or a great amelioration.

The dose employed for inhalation consisted of three drops, repeated if necessary.

#### CARBOLIC ACID AS AN ANTIPHLOGISTIC.

Dr. Hagen reports in the "Aerzt. Intelligens Blatt, No. 32," several cases, viz.: Phlegmonous inflamma-



tion of the hand, croupous pneumonia, pharyngitis and tonsilitis, croup, etc., which he treated successfully by injections of a two per cent. solution of carbolic acid. After the first injections the pain diminished and the temperature was reduced. The locality for the injection corresponded to the seat of the inflammation, e. g., for croup, in the region of the crocoid cartilage, etc. Dr. Kunze likewise reports a few cases of pneumonia, and articular rheumatism treated with good results by means of these injections.

PROF. ESMARCH'S METHOD OF BLOOD-LESS OPERATION.

Dr. Duus in Kiel has written an essay on the subject of artificial anæmia in surgical operations, giving the results obtained by Prof. Esmarch in the City Hospital in Kiel. Two hundred and twenty-six operations were performed by the Professor during the period from February, 1873, till June, 1874.

Out of the above number only 15 patients died, and but 7 were discharged not improved. Cases of paralysis following the use of the elastic bandage, as reported by Prof. V. Langenbeck, were not observed. Nor did any cases of septicæmia (through possible introduction of septic matter from pressure of the bandages), nor gangrene of the flaps after amputation occur. Secondary hæmorrhage took place a few times, but was so slight as not to require any interference.

In conclusion the author presents the following valuable statistical table, showing the comparative results obtained by different operators.

Table showing mortality after amputations and disarticulations of larger joints as given by different authorities.

OPERATOR.	No. of Cases.	Deaths.	Mortality per cent.
Esmarch	34	4	11.8
Lister	76	20	26.3
Erichsen	80	21	26.3
Volkman	46	13	28.2

ENEMATA OF BROMIDE OF POTASSIUM IN OBSTINATE VOMITING.—Dr. Girabetti has obtained the very best results from the administration of enemata of bromide of potassium, in doses of from one-half to two drachms, in cases of obstinate vomiting attending the pregnant state. The same drug, also administered in enemata, has been very successful in the hands of Dr. Laborde, of Paris, in obstinate vomiting, connected with disease of the stomach, liver and intestines.

DEEP INJECTION OF CHLOROFORM FOR THE RELIEF OF TIC DOULOUREUX.—Dr. Roberts Bartholow communicates to *The Practitioner* (June, 1874), an account of several cases of this painful affection treated successfully by hypodermic injections of chloroform.

The infra-orbital branch of the nerve was the seat of the tic in the cases reported, and Dr. B.'s operation consisted in passing the needle under the upper lip in the direction of and near to the infra-orbital foramen, and then injecting from ten to twenty minims of pure chloroform. Considerable pain at first ensues, followed by a feeling of numbness and anæsthesia of the parts into which the chloroform diffuses. A puffy swelling quickly forms at the site of the injection, and an induration which lasts for several days follows. One very severe case operated upon in this manner gained relief from one injection covering a period of months.—*Phil. Med. Times.*

## Society Reports.

### CHICAGO MEDICAL SOCIETY

MEETING OF SEPTEMBER 21ST, 1874.

*Reported by Will. T. Montgomery, M. D.*

**D**R. DANFORTH presented microscopical specimens of two ovarian cysts. The first was from a tumor of long standing, removed about one month ago by Dr. Wm. E. Clark. It was for a time doubtful as to the nature of the tumor. He was requested to examine some of the fluid from it, and found Eichwald's gorged granules and crystals of coleslerin. He had never found either of these from any except an ovarian cyst. These granules are believed to be degenerated cells. The granules and crystals of coleslerin were both clearly shown in this specimen.

The second specimen was of colloid cells from a tumor removed by Dr. John E. Owens, about six months ago. The tumor in this case was not of so long standing. These cells are found in the early development of ovarian cysts, and the granules in the latter.

Dr. Bridge inquired as to the difference between colloid cells and cancer cells, and if the former were malignant.

Dr. Danforth. The difference is the colloid cells are all of the same type—cancer cells may have any form. He thought if a morbid growth presents cells all of a certain type it is not malignant.

Dr. Steele reported the following

case of ovariectomy for Dr. Quine, and presented a specimen of the cyst.

Regina N—, aged 27; unmarried; has menstruated regularly since the 16th year of her age. Five years ago her abdomen began to enlarge, and she noticed also that pain attended the first two days of the menstrual flow. In August, 1872, after severe muscular exercise, she was seized with pain in the right lumbar region, that continued several months, and was accompanied by fever, progressive emaciation, and rapid increase in the size of the abdomen. So burdensome did the enlargement become, that she was incapacitated for work, and was obliged in May, 1873, to seek relief in the county hospital. She was extremely emaciated then, her skin was sallow, and her features were expressive of anxiety and suffering. From May, 1873, to August, of this year, she was tapped six times, the aggregate amount of fluid evacuated being one hundred and sixty pounds. The fluid was of a dark greenish color at first, very viscid and thick, and contained a copious admixture of pus; but its character improved with each succeeding paracentesis, and the accumulation became more rapid. In two instances the operation was followed by peritonitis. From the first tonics were

employed, and hygienic measures instituted, with a view to improving nutrition; but ovariectomy was then considered impracticable, because of the supposed existence of pulmonary tubercle. The condition of the patient steadily improved, and a pleurisy and pericarditis under which she had been laboring got well. A month after the last tapping, the abdomen having again become moderately distended, it was decided, by a consultation between the attending physician and Drs. Byford and Fitch, that operation was practicable. On the 12th of August, Dr. Quine, assisted by Drs. Fitch and Bogue, and the house staff of the hospital, performed the operation, making an incision four and a half inches long in the mesial line and carrying it rapidly through the walls of the abdomen. The trifling hæmorrhage from the wound was readily checked. When the peritoneum was cut and the finger of the operator passed through, he failed to discover any adhesions in the circle of its reach. Thirty pounds of fluid were then evacuated by a large trocar, and as the sac was being withdrawn, adhesions to the omentum and right parieties were revealed. Momentary embarrassment was occasioned by a little aggregation of cysts that resembled a kidney in size, shape and color. The omental adhesions, though not very extensive were exceedingly vascular, and the parietal adhesions were also vascular and very firm. Some parts of the adhering omentum were tied and cut off, and other parts were gently separated from the cyst walls and left.

Some delay was occasioned by persistent bleeding from the parietal

adhesions, but sufficient time was allowed to check all oozing. The pedicle was ligated by transfixion and double ligature, and cut short. The abdominal cavity was carefully sponged with tepid salt water, and the wound closed with six silver wire sutures. A compress and bandage completed the dressing. After reaction was fairly established, not a single unfavorable symptom appeared, the wound healing perfectly in six days, and the patient being able to sit up in nine after the operation.

Dr. Gapen reported the following case also for Dr. Quine, and exhibited tumor.

The Doctor saw the patient, a woman, 25 years of age, in a consultation which was necessitated by malposition of the child in parturition. The labor terminated favorably. Subsequently, owing to the removal of the previous attendant from the city, Dr. Quine was recalled. He then learned that the lady had been suffering for seven years from bronchitis and gastro-enteritis, and was reduced to a state of extreme emaciation by these affections. At the first visit the irritability of the stomach was so great that the blandest articles of food were retained with difficulty, and only in very small quantities. Vast quantities of gas were being incessantly eructated and passed from the bowels. The patient was also suffering from harassing cough, with profuse expectoration, and a very distressing tenesmic diarrhœa.

She improved in condition slowly and unsteadily for several months, and finally, at a time when her health had become better than it had been for years, passed temporarily from the doctor's care. In November of 1873,

she returned, in consequence of an exceedingly sensitive tumor that occupied the pelvic cavity, and protruded from the vagina when she assumed a standing posture. She was then seven months pregnant, and complained of a return of the old bronchial and gastro-enteric disorder. A cautious digital examination in his office yielding negative results, the Doctor sent the lady home, promising to call the following evening. He did so, finding her well advanced in labor, the shoulder of the child presenting. The presentation was made out with great difficulty, owing to the occupation of the pelvis by a sensitive, fluctuating tumor, and consequent displacement of the uterus, the os pointing to the umbilicus, and being very high. Chloroform was administered, and the child easily delivered, by pedalic version. As the child was being withdrawn, the tumor, which had been no impediment to labor, ascended into the abdominal cavity. The patient made a very tardy recovery, owing to the occurrence of pelvic cellulitis; and before she was able to leave the bed, a diagnosis of ovarian tumor was made. During the succeeding seven months the lady was tapped three times. The second and third tapping yielding respectively less fluid and correspondingly less relief than the preceding. At the third tapping, performed in consultation with Dr. T. D. Fitch, only about a quart of fluid was withdrawn. The abdomen of the patient had reached an enormous size, and the gastro-enteric disorder coupled with constant pelvic distress, contributed to make life miserable, and threateningly short. Ovariectomy was decided upon by Drs. Bartlett, Bogue, Fitch, and

Quine, as the only means that offered the slightest prospect of relief or long continuance of life. Accordingly, and notwithstanding the extreme feebleness and emaciation of the patient, and the existence of grave gastro-enteric disease, the operation was performed by Dr. Quine, assisted by Drs. Bogue, T. D. Fitch, Stillians, and myself. The operation was tedious and very difficult. The abdominal incision extended from an inch and a half above the umbilicus to within an inch of the pubes. The tumor was firmly adherent to all parts of the abdominal walls, and an attempt to pass the grooved director between the cyst and the peritoneum resulted in the rupture of the thin and lacerable walls of the tumor, and the escape of its fluid contents. The omental adhesions were extensive, but there was no adhesion to any other abdominal, nor to any pelvic viscus. The great mass of the tumor consisted of colloid matter, which in order to remove through the wound in the abdomen, it was necessary to break down into handfuls. The mass being removed, the pedicle, which was short and only moderately thick, tied by transfixion and double ligature, the abdominal cavity was cleansed with sponges and salt-water, of its colloid and cystic contents, the abdominal wound was closed by six equidistant silver wire sutures. The patient was then put to bed between woolen blankets, a number of hot bricks were applied, and alcoholic stimulants, to promote reaction. The wound was dressed with compress and bandage. Beef tea and brandy were cautiously given per rectum, care being taken to avoid provoking movement of the bowels, by injecting

slowly and in small quantities. The catheter was used regularly, at intervals of six hours. After reaction was well established the patient commenced to vomit, and vomited almost incessantly for three or four days. Morphine was given hypodermically, in quantities sufficient to allay pain and procure rest, and quinine was administered in the same way to the amount of about fifteen grains daily. Bismuth in twenty-grain doses and ice allayed the irritability of the stomach sufficiently to enable the patient to take considerable quantities of milk. The convalescence of the patient has been much retarded by the old inflammatory disorders, and by an accumulation of putrescent fluid in the peritoneal cavity, which was limited by pelvic and abdominal adhesions. The pressure of this fluid in the pelvic cavity gave rise to a general cellulitis, and the sufferings of the patient were further increased by the occurrence of cystitis. Ten or twelve days after the operation Dr. Bogue, in consultation with Drs. Fitch and Quine, drew off, through the cul de sac of Douglass, by means of the aspirator, nearly three pints of a grumous fetid fluid, affording prompt and great relief to the pelvic distress. There has been no considerable accumulation of fluid, a spontaneous opening into the intestine affording ready drainage of the cavity. The treatment of the case has, in consequence of the complications, been widely different from the plan ordinarily followed, and combined measures directed to the cure of the old, intestinal disorder and the acute inflammation of the bladder. But, notwithstanding these serious complications and alarming draw-

backs to convalescence, the patient has been improving steadily but slowly, so that at the present, perfect recovery may be confidently predicted. I am requested by Dr. Quine to gratefully acknowledge his indebtedness to Drs. Bogue and Fitch for frequent and valuable counsels.

Dr. Hutchinson gave a verbal report of two interesting cases of ovariectomy which he had had. He thought his cases were more successful than the others reported; for besides recovering without a bad symptom, each patient became pregnant after the operation.

Dr. S. J. Avery reported a case of Sciatica, of several years' standing, cured in three weeks, by replacing a prolapsed uterus. A full report of which appears elsewhere in the present number of the EXAMINER.

The discussion of this case was on motion postponed until next meeting.

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PROF. SCHIFF, ON THE DIFFERENCE IN THE ANÆSTHESIA PRODUCED BY CHLOROFORM AND ETHER.—As a result of several thousand experiments on animals, the author has come to the conclusion that ether *gradually* suspends the processes of respiration and circulation, so that it is in the power of the operator to save the animal at any given moment, while the suspension produced by chloroform is not gradual but irregular, the circulation often ceasing while respiration still exists. The author would, therefore decide *that the physician is responsible for any death by ether, but not for a fatal issue produced by chloroform.*

The Florence Academy has deemed this communication of sufficient interest to elect a committee to investigate these statements, and to test some of the means proposed by Dr. Schiff to avoid the dangers of anæsthesia.



TRANSACTIONS OF THE CHICAGO SOCIETY OF  
PHYSICIANS AND SURGEONS.

REGULAR MEETING, SEPTEMBER 28, 1874.

*Reported by Ralph E. Starkweather, M.D.*

DR. J. E. OWENS, Vice-President, in the chair. Dr. Owens gave briefly a report of two cases of fracture treated at St. Luke's Hospital, in one of which, that of a colored man thirty-eight years of age, a piece of bone the size of a filbert had been broken off from the left fibula, about two inches above the external malleolus. The case progressed favorably under the usual treatment (by Dupuytren's Splint), the fragment of bone speedily united and became incorporated with the long bone itself. The second case, a fracture of the humerus, just above the condyles, was of interest from the fact that it was caused by the throwing of a base ball.

Dr. H. A. Johnson addressed the society upon the subject of pneumatic aspiration, illustrating the same by exhibiting and explaining the several forms of instruments now employed, exposing at the same time defects, both in theory and construction, of some of the aspirators. The following is a synopsis of his lecture:

In the first place the question arises as to what is understood by the term aspiration. Is it anything new either in principle or mechanism, or is it merely after the fashion of the stomach pump? Some physicians deny that there is any new principle involved in pneumatic aspiration. In my judgment, Dieulafoy has introduced a new idea and instrument. It consists in this: the

previous production of a vacuum, and then the connection of it with a cavity containing fluid. The second question that presents itself, is that of the methods of producing this vacuum. The aspirator of Dieulafoy was then explained. It consists of a glass cylinder, in which there is a piston, moved by means of a rack and pinion. The aspirator is inclosed in a metal frame, having a broad and heavy base. There is attached a graduated scale to measure fluids, and also two stop-cocks. The canules and needles and rubber tubing were also exhibited.

Dr. Johnson showed another form of aspirator, known as the *Aspirateur Potain*, to which, for reasons hereafter to be given, he gave the preference. In referring to an instrument made in Boston, a modification of Potain's, he said that it would be unnecessary to purchase the bottle accompanying it, as the perforated rubber cork, with its double canula, would answer every purpose, and bottles were always easily to be found in most families.

The next step is to place the vacuum in relation with the cavity to be emptied. As regards the choice of a needle and canula, there are two kinds of needles to use, each suited to its particular purposes. One of the needles is like the ordinary one used in hypodermic injections, but this is objectionable in cases where the sharp penetrating point going beyond the wall of the cavity, might injure

delicate viscera, as for example the lung.

In many respects the needles and canules, which differ from the needles first described, of the Aspirateur Potain, are greatly to be preferred. This, the second variety, is really a trocar with a canula, with a branch tube for the attachment of the soft rubber connection. In case of obstruction the canula can be cleared with a celerity and ease quite impossible in the first variety of needle.

The method of puncture was next explained, and that it was necessary first to determine where you want to put the point, and then how deeply the puncture should be made.

In some cases there are gases as well as fluids in a cavity, and by this means the vacuum in some forms of aspirators may be disturbed if not destroyed.

The application of pneumatic aspiration has been widely discussed, of late years, in the medical journals. During the past two years, in which Dr. Johnson has employed this process, and in upwards of seventy different cases, he has never seen, in a single instance, any particular discomfort to the patient, from its use. Among the numerous cases reported, the particulars of a case of an obscure and deep-seated pain in the mammary region, which, upon exploratory puncture an inch and one-quarter deep, by the aspirator, proved to be an abscess, were most instructive. In another case, that of acute infantile hydrocephalus, he had introduced the needle of the aspirator into the anterior fontanelle, to the right of and towards the median line, the point directed obliquely, so as to penetrate the membranes beneath the

vessels of the longitudinal sinus. A little fluid was drawn off, with temporary relief to the breathing and circulation. There were no unfavorable symptoms attributable to the operation. The patient, however, subsequently died. In another case, where there was acute effusion in the knee joint, pneumatic aspiration afforded prompt and decided relief; but in forty-eight hours the effusion had returned.

The great assistance to be derived from pneumatic aspiration in differential diagnosis was illustrated by the case of a patient who had been under the care of a homœopathist for so-called uterine trouble, with reflex uterine irritation. Upon examination, it was found that the apex of the heart was under the axilla, and that the right chest measured two inches larger than the left. The question then arose as to whether there was a solid morbid growth in the thorax, or fluid only. Upon introducing the canule of the aspirator into the chest, upwards of two and one-half quarts of muddy serum, not yet quite purulent, was drawn off. The patient for the past year, since that event, has been in perfect health.

The subject of injury to the lungs by aspiration by a penetrating wound of the needle, was then discussed.

Several cases of great interest and value were cited, going to show that the danger to the lung in any event would be little or none. A noticeable feature in pneumatic aspiration, is that by this operation there is little probability of introducing from without inwards any points for future infection of the system. Preference was given to the Aspirateur Potain over that of Dieulafoy, because the

vacuum was less uncertain, and is more easy to be maintained. It was not considered to be a point of advantage in Dieulafoy's aspirator, that it might be used for the injection into cavities of medicated fluids, inasmuch as it would be like using an unwashed syringe lately containing unhealthful fluids (pus, for example), to throw new and medicated fluids into the body.

Dr. Owens reported a case under the care of Dr. Heydock, in which pneumatic aspiration had been tried upon an effusion in the pericardial sac of a patient who had pericarditis and endocarditis.

At the time of the operation, the pulse was 126, temperature  $101\frac{3}{4}^{\circ}$  F. and respiration 66. The precordial dullness extended from the first rib to the upper margin of the sixth; apex impulse indistinctly felt in the fifth intercostal space. Laterally the percussion dullness began at about the middle line of the sternum, and extended around to the left side. The needle of the aspirator was inserted in the fourth intercostal space, one inch and a half from the left margin of the sternum. It was pushed upwards, inwards, and a little backwards. Frothy, dark-colored blood appeared in the receiving bottle, probably because the lung had been pierced. Three-quarters of an hour after this operation, the pulse was 120 and the respiration 45. Dieulafoy remarks of adults that when the needle has punctured from 1.17 to 2.34 inches, the instrument must meet either the heart or the effusion. The head and shoulders should be elevated with pillows during the operation, and the needle plunged in at the close of an expiration. This patient, a boy fifteen and a half years old, afterwards died.

The autopsy revealed perfect agglutination of the pericardial layers.

Dr. Johnson gave an account of a similar operation he had performed upon a patient at the county hospital, and of experiments he had made upon the cadaver. The puncture should be two and a half inches from the left border of the sternum; if you go nearer to the sternum you must have a longer needle; there were some reasons which inclined him to think favorably of puncturing in the fifth intercostal space, but as his experiments had not yet been concluded, he reserved his opinion upon this point.

Dr. Emmons read a report of a case of uterine interstitial fibroid tumor, treated hypodermically by ergotine, of which the following is an abstract:

Mrs. X, married, age 45, American, the mother of three children, the youngest of whom is eleven years of age, was in good health till the time of her last parturition, which proved to be a difficult one, followed by hour-glass contractions, and permanent impairment of health. Two years ago a noticeable change had gradually taken place: menstruation had become copious, and more prolonged than usual, requiring patient to keep the bed for ten days at a time. She was emaciated, had sciatica and chronic laryngitis. At the time of Dr. Emmons' first visit, December, 1873, in addition to above symptoms, the patient had become so exsanguinous as almost to be in a state of syncope, from constant flooding; there was pain in the uterus and chest; loss of appetite and sleep. There was abdominal tenderness, particularly over the region of the right ovary. The uterus was enlarged, extending up to

within two inches of the umbilicus, and a little higher upon the right than left side.

Digital examination, per vaginam, revealed anteversion, the os low down against rectum, and dilated to about one-half inch. A metallic sound could be introduced (with strong curve towards anterior wall of abdomen) to a depth of six and one-half inches; a flexible catheter passed one-half inch farther. There was a hard tumor commencing at middle of the neck of the uterus, attached to its anterior wall, and extending to the fundus uteri.

Treatment: directed a tonic of iron and quinine, and

B.—Ergotine (Bonjeau) ..... ʒ j.  
Aqua distil ..... f. ʒ j.  
Glycerini ..... f. ʒ j.

M. Twelve drops, daily, hypodermically.

Improvement was immediate, as shown by the subsidence of pain and hæmorrhage. At the end of fifty-nine days the patient was much better, pulse fuller, appetite better, sleeps well and without anodynes, and able to sit up two hours daily; less abdominal tenderness, but no diminution in size of tumor. The dose of ergotine was increased so as get about four minims per dose, and continued for three weeks, without any particular change in patient's condition.

The use of Squibb's aqueous solution of ergot, prepared for me so as to get one grain of the drug to the minim, giving twenty minims daily, by hypodermic injection over the deltoid, was most satisfactory.

Examination twelve days after this change of medicine, revealed the tumor subsided to four and one-half inches below umbilicus. The cavity of uterus measured about five and

one-half inches in depth. Patient able to ride out daily; has gained eighteen pounds during the past fortnight; is entirely free from pain; last menstruation normal in quantity, and lasted four days. At another examination in June the fibroid had still farther diminished in size, the uterine cavity measured four inches in depth. Patient complained at this time of a pretty free watery discharge from the vagina. A month later, during which time the treatment had been continued, the uterine cavity was found to measure three and one-half inches in depth, watery discharge still present. The treatment was suspended for ten days and then resumed. In August the uterus had regained its normal size, and no tumor remained. The continued daily hypodermic injection, during the period of 156 days, of the twenty minims of a preparation containing Squibb's aqueous solution of ergot, had the effect of gradually reducing the fibroid, till hardly a trace of it could be found. There was no particular inconvenience or irritation produced at the points of puncture, especially after laying aside the use of the alcoholic preparation of ergotine.

Dr. Emmons gave some quotations regarding the action of ergot, from the results of an experimental investigation by Dr. Warnich, and from recent works of other authorities, such as Drs. Paul Vogt, Ritchie, Handelin, and C. Boldt.

*In true interstitial fibroid of the uterus, treated hypodermically with the aqueous solution of ergot, we may expect in the large majority of cases eminently more satisfactory results than by any other mode of treatment, or by operation.*

Dr. Davis.—Why was the medicine not administered by the stomach?

Dr. Emmons replied, because the effect was more satisfactory when given hypodermically; it enters more rapidly into the circulation, and does not disturb the appetite or digestion. He knew of a physician who had given the ordinary tincture of ergot by injection, and thereby quickly produced numerous abscesses.

Dr. Merriman said that in a couple of cases under his care there have a quantity of abscesses followed upon the hypodermic use of a solution of ergotine. Afterwards he gave Squibb's extract of ergot, in solution, by the mouth, but it was not so efficient as

when given by injection. He had always made the insertion directly over the region of the uterus. Even in treating cases not of the interstitial form of fibroids, when giving ergot by the mouth, great benefit has been apparent; the debility is lessened, the menstruation has become more regular in amount and time, the patient feels better, even when there has been no diminution in the size of uterine growth.

The society next discussed the report of the committee on the medical fee bill, but, owing to the lateness of the hour, adjourned, leaving the question of its adoption to a future meeting.

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## Editorial Department.

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### MEDICAL SOCIETIES AND REPRESENTATION.

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THAT the organization of medical societies by which members of the profession are brought frequently in contact with each other for mutual improvement, has proved of very great value in promoting investigations, diffusing professional knowledge, and facilitating intercourse with, and respect for each other, no thoughtful man can doubt.

That such social organizations are capable of being made very much more useful in all these respects than they have hitherto been, is equally evident to all who have given the subject their attention. One important step in the work of increasing

their usefulness, is to make them more truly representative of the whole profession and more ready of communication with each other. If the members of the profession in each city, county, or district would form themselves into a society for careful investigation of all matters of interest in their localities; if the basis of each state society was formed by delegates from the local societies, and the national organization by delegates from the state societies and such local ones as were in connection with them, the whole would not only form a complete bond of union, infusing more or less of the spirit and



knowledge of each part throughout the whole, but also forming a medium of communication by which well matured plans of observation and investigation can be made uniform over large areas, and continuous over periods of time sufficient to obtain more complete and accurate results than are possible from isolated or individual enterprise.

It was to aid in thus perfecting the organization and usefulness of medical societies throughout the whole country, that certain amendments to the constitution of the American Medical Association were adopted last year at Detroit. These amendments restricted the appointment of delegates to that body, to the State and National Medical Societies, and such local and district societies as were recognized by representation in their respective state societies. The object was not merely to cut off the practice of receiving delegates from irregular and merely nominal medical institutions and societies, but to positively encourage the closer affiliation of the local societies in each state with their own state society. We hope the amendments themselves and the real objects of their adoption will be fully understood and appreciated by the profession in time to make their appointments to the next meeting of the National Association.

DR. ALLPORT'S ADDRESS.—The annual address before the American Association of Dental Surgeons, at the recent meeting in Boston, was delivered by Dr. W. W. Allport of this city.

The address, aside from being well

written and interesting throughout, presented a leading idea which is worthy of a careful consideration. It is, that dentistry as now practiced, embraces two distinct departments: first a scientific part, relating to the pathology and treatment of the natural teeth and their appendages; the second a mechanical part, relating to the manufacture and adjustment of artificial appliances. The first is as much a department of medicine proper as ophthalmology, otology, gynecology, etc., and should be so recognized and taught in the regular medical colleges; while the second should have the same relation to it, that the surgical instrument maker does to the practical surgeon. If the distinction thus clearly indicated in the address, could be generally adopted in practice, and dentology proper reunited with the general field of medicine and surgery, and those who practice it be recognized as specialists in the same sense as other medical specialists, it would doubtless elevate the position and enhance the usefulness of that department of practice.

It would not merely save the expense of separate colleges of dentistry, but the recognition of dental pathology and therapeutics as a part of medical science; and the establishment of a chair for teaching these branches in the regular medical colleges, would result in giving the dentist something of a general medical education on the one hand, and the general practitioner a better knowledge of dental science on the other. The usefulness of both parties would be thereby increased.

## Gleanings from Our Exchanges.

### STRICTURE OF THE URETHRA BY THE ELECTRICAL TREATMENT.

BY A. J. STEELE, M.D.

*From the Western Lancet, Sept., 1874.*

THE attention of the profession has been of late especially called, and very justly, to a comparatively new method of treating strictures of the urethra, namely, by the use of galvanism. The ease of the application, the slight inconvenience to the patient, and the rapidity and permanence of the cure, make it really deserving of a prominent place among the surgical advances of the day. As my own experience corroborates the favorable reports that have been made in regard to it, I cheerfully add testimony in its favor.

The form of electricity used is that of the continuous current, and tension is sought rather than quantity, so that many small cups are demanded rather than a few large ones. I have usually found that from ten to fourteen pairs of the zinc-carbon elements have generated sufficient electricity for the purpose. The negative electrode is a metallic point pressed gently against the stricture; the positive electrode a moist sponge placed anywhere upon the surface of the body, though I have believed the action to be more energetic when it has been placed near the negative pole, as to the iliac region or thigh, rather than remotely, as to the leg or palm of the hand.

A metallic oval tip, connected to a wire passing through a gum catheter, is the form of bougie recommended, and which I have used; but I now prefer the ordinary conical steel bougie. A set, including all sizes, makes the convenience of application great-

er, and being silver or nickel-plated prevents oxidation. The instrument is insulated to within an inch of the point by the application of a coating of collodion; Squibbs' flexible I find well adapted for the purpose.\* A *sene-fine* affords an eligible method of connecting the wire to the handle—not coated—of the bougie.

Two factors enter into the thoroughness and rapidity with which a cure can be effected, viz., the electromotive force used, and the character of the structure to be acted upon. The softer, the more moist and vascular the stricture, the more readily will it be decomposed and absorbed; whereas extremely hard tissue will demand increased time and greater tension, and possibly, also, increased quantity. Though in regard to the latter I am prepared to believe that mistakes have been made, and failures recorded, from its injudicious use. Quantity gives a calorific effect, with rapid destruction of tissue, as in the case of the galvanic cautery; the scar resulting therefrom would be highly prejudicial in the instance of a stricture. It is rather the electrolytic action that is desirable, whereby the organic structure is disintegrated,—decomposed. The negative pole attracts hydrogen, and gives an alkaline reaction when acting upon moist animal tissues, chemically decomposing,—dissolving the part, and doubtless, too, by its stimulant action inducing absorption.

\* Ether will dissolve it off when desired.

The situation and character of the stricture having been accurately determined, a bougie, prepared as above, and of a few sizes greater in calibre than the stricture, is introduced down to the obstruction, and connected by its free end to the negative wire. The sponge, moistened with salt water, placed externally on the skin—the thigh or iliac region being convenient—is attached to the positive wire. It is best to commence with a single pair, and gradually increase the number of cups, as thereby the parts are more tolerant; a low power gradually benumbing, a high power unpleasantly shocking. If the sponge is shifted without being removed from the surface, the pricking or burning sensation ordinarily experienced will be lessened. The sensations of the patient will, to some extent, determine how high a power may be used; from ten to fourteen pairs, as before remarked, may be all-sufficient, if the battery is working well. The character of the stricture, also, necessarily enters into this question. A few moments' gentle pressure and the instrument is found to pass gradually on. Once well entered, the bougie is retained *in situ*, the action being continued for a few moments longer. The current may now be gradually diminished, and the wire disconnected, the instrument retained, and, if gentle force will accomplish it, pushed on into the bladder. If not interdicted by local inflammation, the operation may be repeated in a week or fortnight's time, followed up by the careful and judicious use of bougies. In some cases one application is sufficient; in others several seances are required, depending on the character of the stricture.

Results have been most satisfactory. Strictures, accompanied with incontinence of urine, gleet discharge, irritability of bladder, painful micturition, etc., being entirely removed and rapidly cured.

Danger in this operation is reduced to a shadow, if too great quantity and too prolonged application are avoided.

ed. Care, also, in the after use of bougies is to be regarded.

While there is much of merit in the old ways, let us not be too chary in trying the new.

ACNE ROSACEA.—Dr. W. B. Cheadle (*Practitioner*, July) takes Hebra's view of the pathology of this affection, in opposition to that of Wilson and Tilbury Fox. He does not regard it as an acne, the sebaceous glands being neither primarily affected nor in many instances involved at all. The essential morbid change does not consist in any inflammatory process, but in a new formation of vascular and connective tissues, the changes in the sebaceous glands being secondary or accidental. The conditions associated with its production are usually excessive indulgence in alcoholic drinks, gastric disorder, uterine derangements, and prolonged or frequent exposure of the face to heat or cold.

The manner in which these causes produce the particular effects observed is, Dr. C. thinks, by long continued hyperæmia brought about by reflex action upon the local vascular system. An example of transient reflex action is seen in flushing of the face after a hearty meal or alcoholic indulgence; and it is this same effect persistently exercised which brings about morbid changes. Of course, as there is no true local inflammation, local remedies are generally useless. Stimulating applications—lotions of the perchloride of mercury, of sulphur, or of both, and applications of the acid nitrate of mercury—are the only local remedies which Dr. C. has found advantageous. Internal remedies which relieve the distention of vessels, saline purgatives for instance, are of use. Arguing from the pathology of the eruption, Dr. C. was led to apply faradization in several cases, and with the most encouraging results.

**BLOOD-DRINKERS.**—Upon inquiry at slaughter-houses, it is found that there are nearly two hundred persons in the city of New York who are in the habit of drinking blood flowing warmly from oxen, for strengthening purposes and for the cure of certain diseases. A lady is reported to have spoken to an inquirer as follows: "Professor Velpeau, of Paris, prescribed blood for me. I was consumptive and hastening to the grave. It has prolonged my life fifteen years. I had the utmost repugnance for it at first, but now a half-pint of hot blood from a well-conditioned ox is the greatest luxury of my life. My sister's baby so far has been preserved and nourished with little else but blood. I know twenty persons who drink it in my own neighborhood, to whom I have recommended it. It has extraordinary effects on some people, especially women, but should not be resorted to unless there is absolute weakness of the system." On a visit of the inquirer to a slaughter-house in Tenth Avenue, near Forty-second Street, he found a delicate-looking woman with a sickly boy holding a glass to the blood which ran from an ox with his throat cut. Both drank two or three glasses in turn, and departed with an appearance of added vigor. One of the butchers was asked whether he ever drank blood, and is stated to have replied to the following effect: "Sure an' I do, now; why not, now? Faith an' ye could n't tell the difference between it an' milk. It's just as swate, shure, and in the winter it's warm and foine. Bedad but it's stringthenin', sure. Hould on an' I'll get ye a drap. It's best warrum—runnin' right from the baste." The proprietor said: "All last winter we had men, women, and children every morning to drink blood. They always imbibe beast's blood; never the blood of sheep. Some of them wince a bit at first, but, when you close your eyes, blood warm from the beast's neck has just the same taste as warm milk from the cow. We don't charge for the blood excepting when we sell it to sugar refiners." The blood of

beeves is asserted to be more efficacious for weak lungs than cod-liver oil.—*Phil. Med. Times.*

**INFLUENCE OF CHLOROFORM, IN LABOR, UPON THE FETUS.**—Dr. Zweifel, of the Obstetric Clinics in Strasbourg, has recently made some investigations that would seem to imply that the anæsthetic administered to women in labor has more effect upon the foetus in utero than is perhaps generally admitted. Dubois has made the statement that anæsthesia of the mother causes rapidity of the foetal heart-beats. The writer has often observed an appearance of icterus upon newly born children after the use of chloroform, but could not with certainty attribute it to the latter. His attention was first seriously arrested by perceiving in the breath of an infant born a few hours before, a distinct odor of chloroform. The child had been extracted while the mother was under the influence of the anæsthetic, but since the delivery had lain in a room by itself, where no chloroform had been used. Shortly after this, in order to determine positively whether the anæsthetic was conveyed to the foetus through the maternal circulation, he instituted the following test: a fresh placenta that had just been expelled by a woman to whom chloroform had been administered for only about fifteen minutes, and more than an hour previously, was placed in a close-fitting vessel, having first been cleansed of all adhering clots. The following day when the vessel was opened a decided odor of chloroform was perceived, and further examination proved conclusively the presence of the drug. By still another test (examination of the child's urine) the writer was able to establish the fact of the influence of the anæsthetic upon the foetus. In conclusion, the writer observes that, since the use of narcotics in general are contraindicated in infants, it is an important question for obstetricians to decide to just what degree anæsthesia may be carried in women in labor, with impunity to the foetus.—*Berl. Klin. Woch.*, 21, 1874.

**INFLUENCE OF ALCOHOL AND TOBACCO ON THE HEART.**—Nowhere can thoracic sounds be better studied than at a large recruiting depot. . . . It is indeed curious as well as interesting to note the vagaries in cardiac sounds alone. These, although in no way so varied as the causes to which they owe their existence, are sufficiently conflicting. Thus, frequently, between exciting and depressing influences of one kind or another, it is very difficult to say how far abnormalities are ascribable to temporary and to organic derangements. Under such circumstances, cases often occur apart altogether from the morbid sounds when the heart's rhythm is perverted. I can give no better definition than a muffling of the two sounds, or what might ordinarily be called "a variety of irritable heart," occurring, however, occasionally in subjects not naturally of an excitable temperment. From these persons it was very often readily elicited that they were given to an excessive use of tobacco, either by smoking or chewing, or the two combined, accompanied, in many instances, by drunken habits. The amount of tobacco consumed daily was, ordinarily, half an ounce, and often nearly a whole ounce. From constantly observing cases of this description, and invariably associating them with the above causes, I desired several recruits to abstain entirely from tobacco and alcoholic drinks for a week, and return for inspection. In three or four instances out of ten all the symptoms disappeared; whilst in the cases where there was little or no improvement it was more than probable that the injunctions were not carried out properly. I do not know if this want of clearness in the systolic and diastolic sounds is to be detected in every instance of the excessive use of tobacco or of alcoholic drinks; but judging of the prevalence of the state in question among Londoners (chiefly in-door workmen and persons leading sedentary lives), it would seem to be pretty general.—A. Lieth Adams, M. B., F. R. S., Surgeon Major, London Recruiting District, in *The Lancet*.

**EPILEPSY PRODUCED ARTIFICIALLY IN THE DOG BY SULPHATE OF QUININE.**—Dr. J. Jakoubowich, of St. Petersburg *Meditzinsky Wiestnik*, 1873, Nos. 1, 2, 3, 4 and 5 (abstract in *Rev. des Sci. Medicales* by Magnan):

The injection of five to fifteen grains of sulphate of quinine in the stomach of young dogs, aged one month and a half to four months, provoked, in from forty-five to ninety minutes, apoplectic seizures. They occurred a little earlier, in from thirty to forty-five minutes, when the quinine was introduced under the skin. The attacks were variable in number, but generally in proportion to the dose. In the attack, the animal falls to the ground on its side; the pupils dilate; the mouth is fixed in trismus or remains wide open; the tongue moves to either side; the eyes turn upward; the muscles of the feet and trunk contract; the respiration is arrested. After some seconds, the clonic convulsions begin; the face becomes grimacing; the mouth opens and shuts convulsively, with gnashing of the teeth; a slimy foam shows itself on the lips; the eyelids tremble; sensibility is abolished, and the fæces escape involuntarily. After the attack follow somnolence, snoring, and often delirium; in this case the physiognomy becomes gay; the animal shows its teeth, barks, howls, wags its tail, and moves its feet, as in running. The convulsions are short, not exceeding one minute in duration.

With the epileptic attacks quinine causes vomiting, gastrorrhœa, disgust of food, feebleness of the hind limbs, and some isolated convulsions of the neck. These last accidents have been observed already for a long time, both chemically and experimentally, by many authors, who have also noticed among animals some convulsive crises, but have not expressed an opinion as to their nature. From the description given by M. Jakoubowich, these crises present the characters of epilepsy, and offer an analogy with the attacks produced by absinthe.



**ELIMINATION OF ALCOHOL.** — In *The Practitioner* for July, Dr. Anstie gives the results of final experiments made by himself and Dr. Dupre, with the view of ascertaining as nearly as practicable whether alcohol to any appreciable extent escapes unchanged from the body of an animal which has ingested it. The animals chosen for experiment were dogs, which approach most nearly to man in their capacity for resisting the effects of alcohol. The experiments were performed by the aid of a Pettenkofer's chamber, in which the animal was confined, while a current of air passing through the box was condensed in water. By this means *all* its excretions could be obtained and analyzed.

The result of a series of these most carefully conducted experiments, including one where the entire animal was subjected to a sort of "destructive distillation," proves conclusively that within certain limits alcohol ingested by an animal becomes totally metamorphosed within the system, the percentage eliminated as such being almost inappreciable. Dr. Anstie concludes that quite six hundred grains of absolute alcohol can be disposed of daily within the organism of an adult male without any perceptible injurious effect upon the bodily functions.

If alcohol be a force-producing food, it is probably of great value in that capacity, on account of the rapidity with which its transformations take place.

It is certain, however, that beyond a certain dosage, varying for the individual, it becomes a violent narcotic poison, the more dangerous that it cannot be eliminated to any considerable extent.

If alcohol does not disappear by oxidation, it must undergo some as yet quite unknown transformation, after which it must escape unrecognized in the excretions.

If alcohol, however, be indeed oxidized, and yet does not beget force which can be used in the system, this would be the strangest possible dis-

covery. Considering the very high theoretical force-value of the six hundred to eight hundred grains of absolute alcohol which millions of sober persons are taking every day, we may well be hopeless of any reasonable answer to the question, Why does not this large development of wholly useless force within the body produce some violent symptoms of disturbance?

**DIFFERENTIATION OF INTESTINAL INVAGINATION.** — Dr. O. Leichtenstein, in an article on invagination (*Archiv f. Prakt. Heilk.*, 4, 1873) refers to the following points for the differentiation of invagination of the small from that of the large intestine: 1. Invagination of the small intestine but rarely occurs during the first year of life, as also rarely during childhood in general. 2. In adults, the course of the attack in invagination of the ileum is more rapid, the phenomena more severe, than in ileo-cæcal and colon invaginations. Chronic cases are rare in invaginations of the small intestine, more frequent in those of the ileo-cæcum and colon. Severe symptoms of collapse occur more frequently in the beginning of the disease. 3. Mucosanguinolent discharges are the rule in all invaginations, whatever their seat. Fæcal evacuations, entirely normal in character (after preceding diarrhœa), were observed in ileo-cæcal invaginations, once in a colon invagination, the patient being an adult. 4. Meteorism is a very variable symptom. It is usually absent in ileo-cæcal invaginations. In invaginations of the descending colon it was frequently recognized as affecting the transverse colon, and subsequently spread over the whole abdomen. In invagination of the ileum it was occasionally found to be confined principally to the central abdominal region, with exemption of the lateral portions and epigastrium. 5. Tense tumour is rare in invagination of the ileum, frequent in that of the colon and ileo-cæcum. 6. The tumor is usually absent in ileum invaginations. Its seat in the centre of the hypogas-

trium speaks for this variety; when situated in the caecal region, especially when it remains stationary for some time, it indicates ileum or ileo-caecal invagination. The spread of the tumor, when occurring suddenly and corresponding to the course of the colon, speaks more for ileo-caecal, less for colon invagination, and excludes ileum invagination. The seat of the tumor in the left lateral portions of the abdomen would indicate ileo-caecal or colon invagination. The tumor can never be felt in the rectum, and prolapse through the latter never occurs in uncomplicated ileum invagination. Changes in the consistency, occurrence, and disappearance of the tumor were especially observed in ileo-caecal invagination.—*New York Medical Journal*, Sept. 1874.

AN UNNATURAL POSITION OF THE HEAD A CAUSE OF DEATH FROM ANÆSTHETICS.—An interesting paper by Dr. G. W. Copeland appeared some time ago (Feb. 26, 1874) in the *Boston Medical and Surgical Journal* on the "Styloid Muscles and Anæsthetics." In this article the cause of impeded breathing during anæsthesia was attributed to the action of the styloid muscles closing the glottis. It was also there shown that the difficulty could always be relieved by simply tilting the head forward so as to relax these muscles without making traction on the tongue. In a further contribution by the same writer to the *Philadelphia Medical Times* of May 30, it is claimed that death from chloroform and other anæsthetics is often caused by an unnatural position of the head, the latter being thrown back and the styloid muscles put upon the stretch. Circumstances in a number of recorded cases of death from anæsthetics are cited which favor this opinion. It is asserted "that all the deaths from nitrous oxide gas, and a large number of those from other anæsthetics, have taken place while the patients were in a sitting posture, which would allow the head to fall back farther than if they were lying

down; thus favoring the theory that interference with the free action of the lungs may have been the primary cause of death." The cardiac syncope would be of course more readily induced "in patients suffering from shock or fatty degeneration, or already reduced by disease."

Another point advanced is "the importance of elevating the head sufficiently to compel the patient to inhale the anæsthetic through the nares entirely. If deep inspirations be taken through the open mouth, the lungs are inflated instantaneously, and just as rapidly emptied, leaving a long interval while no vapor is in the lungs. If the inhalations be through the nares it takes a much longer time to inflate the lungs, and a much longer time to empty them, leaving no interval. Now, the number of respirations per minute is the same either way; hence it follows that it will require a longer time to effect anæsthesia through the mouth than through the nose."—*N. Y. Medical Record*.

A NOVEL TREATMENT OF SCIATICA.—Dr. J. Prelz, Sutinsko (Bohemia), who was himself a victim of this disease, against which all therapeutic efforts have been of no avail, noticed frequently that the pain was palliated after ingestion of food, but paid no special attention to this until the fifth month of suffering. At that time the attacks were so intense and obstinate that he despaired of cure, but recollecting, casually, the observation on the effects of eating, he resolved to give this a trial. A light meal succeeded in every instance in abbreviating the attacks, but the treatment proved a very troublesome one, though successful, as many as twelve meals during the twenty-four hours being often necessary. In the sixth month the attacks ceased completely, and the patient is now well, with the exception of a chronic gastritis, the consequence of the treatment.

Dr. Prelz has since employed the same treatment successfully in two other cases.—*Wiener Med. Presse*.

## Book Reviews.

**A PRACTICAL TREATISE ON DISEASES OF WOMEN.** By T. Gaillard Thomas, M.D., etc. Fourth edition. Philadelphia: Henry C. Lea; Jansen, McClurg & Co., Chicago.

This work is too widely and generally known, through its former editions, to require more than a brief announcement. The present edition has been thoroughly revised, and many chapters entirely re-written, so as to constitute it almost virtually a new work. The author still advocates strongly the lateral method of speculum examination, by the use of Sims' speculum in preference to the cylindrical speculum, introduced in the dorsal position, and all his teachings and instructions are given from this standpoint.

**A COMPLETE HANDBOOK OF OBSTETRIC SURGERY, OR SHORT RULES OF PRACTICE** in every emergency, from the simplest to the most formidable operations connected with the science of obstetrics; with numerous illustrations. By Charles Clay, M.D. From the third London edition. Philadelphia: Lindsay & Blakiston; Jansen, McClurg & Co., Chicago. 8vo., 324 pp. Price \$2.25.

The field covered by this little work is sufficiently explained in this somewhat comprehensive title, and the author's name is a full guarantee of its value and reliability.

**INFANT DIET.** By A. Jacobi, M.D. Revised, enlarged, and adapted to popular use, by Mary P. Jacobi, M.D. New York: G. P. Putnam & Sons, Fourth Ave. and Twenty-third Street. Chicago: W. G. Holmes. 120 pp. Price \$1.75.

This little volume forms one of Putnam's handy-book series, and contains a plain, common-sense consi-

deration of the subject of infant diet. It is intended and well adapted for the instruction of mothers as well as physicians.

**OBSERVATIONS ON THE PATHOLOGY AND TREATMENT OF CHOLERA.** By John Murray, M.D., of Bengal. New York: G. P. Putnam & Sons, Fourth Ave. and Twenty-third Street. Chicago: W. G. Holmes. 8vo.; flexible cloth covers; 58 pp. Price \$1.00.

**THE TREATMENT OF VENEREAL BUBOES.**—Sauszinski (*Centralblatt für Chirurgie*, No. 6, 1874) has adopted the method of opening buboes by a small perforation, as was advised by Ricord, and later by Zeissel, and has tried it in eighty-two cases of this complication of venereal disease. The bubo is opened with a narrow bistoury, the pus is pressed out through the wound, and it is then dressed with a graduated compress moistened with lead water, over which a small sack filled with sand is laid. The whole dressing is then fastened by means of a Spica bandage, and the patient is confined to his bed for the first few days. At first the compress is renewed twice during the day, but later, when suppuration has diminished, only once, the wound being washed with warm water at each dressing. The sack of sand is used until the edges of the wound become attached to the tissues beneath, when the dressing is changed to charpie and adhesive strips. The advantages claimed for this method of treatment over that by free incision are that the risks of having distinctive ulcerative processes in the wound are much less, and the time needed for its closure is shortened from forty-nine to twenty-eight days.—*Philadelphia Medical Times*.